

Grimes Parks & Recreation Department

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www.grimesiowa.gov

CITY OF
GRIMES



Adult Co-Ed Sand Volleyball League

Program Description:

12 Teams last year! This will be a non-officiated league with all participants calling their own game. You don't have to be good, just fun. This is a 6v6 league with standings kept on matches best 2 out of 3 or time limit. Teams are allowed 50 minutes on the court per match. Scores are reported to the director.

*Reminder- Grimes Sports Complex is alcohol free.

Who: Must be at least 16 years and older to play.

Where: Grimes Sports Complex Sand Volleyball Courts

Date: Sundays, June 6 – July 18 (*Skipping July 4*)

*Deadline is June 1.

Time: Games could start at 5pm, 6pm, or 7pm.
Schedules are sent out to the captains after the deadline.

Questions: Contact Brett Barber, Grimes Parks & Recreation
Director at bbarber@ci.grimes.ia.us or by phone at 986-2143.

To Register: Pre-registration is required. Register ONLINE, OR bring in registration to the GCC, OR mail to City Hall at 101 NE Harvey St. in Grimes.

Cost: \$50 per team



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2010 "Adult Co-Ed Sand Volleyball League" Registration Form

TEAM NAME: _____

CAPTAIN'S NAME: _____

CAPTAIN'S STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

Please subscribe me to the Grimes P & R Email List (Circle): Yes No Already

Cost is \$50 per team.

Release and Indemnification Agreement:

I hereby request that you accept my team's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my team, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my team is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my team as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my team while he or she participates in this particular activity. I will also allow pictures of my team during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Team Captain's Signature

Date

Grimes Community Complex ~ 410 SE Main St. in Grimes